

FILED JAN 6 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 6226

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Wesmoren  
(b) City or town Rural, Washington Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital #3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 days  
In this community yes  
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass  
(c) City or town Bellton Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALBERTENA GETHYAND

3. (b) If veteran, name war no 3. (c) Social Security No. ?

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 17 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 9 29 hr. \_\_\_\_\_ min.

9. Birthplace Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Blair Jr

(b) Address Bellton Mo

17. (a) Burial (b) Date thereof Dec 19 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellton, Mo

18. (a) Signature of funeral director E. K. Deager Sons

(b) Address Bellton Mo

19. (a) 12-16-43 (b) Hazel B. Beurch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16  
year 1943 hour 2:30 minute a.m.

21. I hereby certify that I attended the deceased from Nov-19-43  
19\_\_\_\_ to Dec-16 1943  
that I last saw h. es alive on Dec-16- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death valvular heart disease, mitral regurgitation  
Due to unknown  
Due to \_\_\_\_\_

Other conditions psychosis with cerebral arteriosclerosis  
(Include pregnancy within \_\_\_\_\_ months of death)  
Major findings: \_\_\_\_\_  
Of operations none

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Frank M. Rogers (M.D. or other)  
Address State Hospital #3 Date signed 12-16-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer, No. 7,  
District File Number 12-43-1409  
Date Filed 1-5-44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Richard E. George  
Licensed Embalmer No. 3958  
P. O. Address Belton, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**